

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K84914** (6)

1. Corporation Name

HUGH F. CULVERHOUSE, JR., P.A.



Principal Place of Business

Mailing Address

**2 SOUTH BISCAYNE BLVD.
ONE BISCAYNE TOWER STE 3599
MIAMI FL 33131**

**ONE BISCAYNE TOWER
3599
MIAMI FL 33131
US**

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRICKROOT, JOHN C. JR.
ONE BISCAYNE TOWER
#3599
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, type or print name of registered agent and date applied for)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

11 TITLE

☐ Change ☐ Addition

NAME

**D
CULVERHOUSE, HUGH F. JR**

12 NAME

STREET ADDRESS

ONE BISCAYNE TOWER, STE. 3599

13 STREET ADDRESS

CITY- ST- ZIP

MIAMI FL

14 CITY- ST- ZIP

TITLE

☐ DELETE

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

31 TITLE

NAME

32 NAME

STREET ADDRESS

☐ DELETE

33 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

41 TITLE

NAME

42 NAME

STREET ADDRESS

☐ DELETE

43 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

51 TITLE

NAME

52 NAME

STREET ADDRESS

☐ DELETE

53 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

61 TITLE

NAME

62 NAME

STREET ADDRESS

☐ DELETE

63 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

(305) 371 3660

Date

Daytime Phone #

CR2E034 (12/95)